

**EYE CARE ASSOCIATES OF GREATER CINCINNATI, INC.
NOTICE OF PRIVACY PRACTICES – SUMMARY SHEET**

**THE ATTACHED NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS
INFORMATION. PLEASE REVIEW IT CAREFULLY.**

A federal law called the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) creates new rights for patients of health care organizations. One of those patient rights is to information regarding the health care provider’s privacy practices. Under HIPAA, we must provide you with a copy of our **Notice of Privacy Practices** (or “Notice”) and we must request that you **sign at the bottom of this document** stating that we gave the Notice to you. You are not required to sign this document, but we must make an effort to request that you do so. You may review our Notice now or at a later time. At some point **you should read it carefully** because it explains:

1. Generally how we use health care information about you.
2. That we, like other health care providers, may use and disclose health information about you as part of your treatment, to arrange for payment for services provided, and for our internal operations. We are not required to have separate permission for these uses and disclosures.
3. Other circumstances where we may use or disclose information about your health where we are not required to get your permission first.
4. The rights you have with respect to health information we have about you, namely:
 - Your right to have a copy of our privacy notice;
 - Your right to review and copy health information that we may have about you;
 - Your right to an accounting for how we use and disclose your health information, other than for treatment, payment or health care operations;
 - Your right to request that we communicate with you at alternative locations, mailing addresses or telephone numbers;
 - Your right to request restrictions on how we use your health care information;
 - Your right to request an amendment to information in our records that you think is in error; and your right to file a complaint if you think your privacy rights have been violated.

We take your confidentiality very seriously. We encourage you to read our Notice of Privacy Practices and keep a copy of it for your records. THE POLICIES IN OUR NOTICE BECOME EFFECTIVE APRIL 14, 2003.

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ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

By signing this receipt, you acknowledge that you have reviewed, or have been given the opportunity to review, our Notice. As provided in our Notice, we may change the terms of our Notice. If we change our notice, you may obtain a revised copy by contacting your local Eye Care Associates of Greater Cincinnati, Inc. office or the Contact Person indicated on page one of the Notice. If we substantially change our Notice, the changed Notice will be provided to you without your having to request a new Notice.

Patient’s printed name

Patient’s Signature (or signature of personal representative)

Notice Provided by: _____ Date Notice Provided: _____ / _____ / _____

If no acknowledgement signature obtained, employee must indicate why signature not obtained: _____
